**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 587547



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90059 038 \*\*\*150.00

amp ele	ECTRIC, INC.					1 (ADVAN BINDI KANIN BARN BININ BIRNI
Principal Place	e of Business	Mailing Address	Mailing Address			3 (MEI St. Brings abilit (BAB), Giblit Bullit (Ban eran, eters eren, eren, eten, eren, rea
1399 SW 30TH	AVE	P.O. BOX 3579				
#3	OU EL 20400	BOYNTON BEACH FL 33424				DO NOT WRITE IN THIS SPACE
BOYNTON BEA	OH FL 33420	US				3. Date Incorporated or Qualifed
						09/26/1978
2. Principa P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1848703 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Auditional
22		27				ree Recuiled
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country 25	Zip	Cour	нгу		8. This criporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ Yes
24	9. Name and Address of Curre		30			10. Name and Address of New Registered Agent
<del></del>	9. Name and Address of Curren	nt Registered Agent		81	Name .	10, 114110 4114 7444 744
FALATICK, WILLIAM D.						
4518 GLENEAGLES DR. DELRAY BEACH, FL			ł	82	Street Acc	cdress (P.O. Box Number is Not Acceptable)
			Ì	83		
BOY	NTON BEACH FL 33436					
				84	City	FL 85 Zip Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	unorizea	DV (	ine corpora	corporation submits this statement for the purpose of changing its registered ration's board of cirectors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed haine of registered age	ALCON VI EE	Panistored	Amont	signatura sagr	quired when reinstating) DATE
12.		NE DIRECTORS	13.	~96·11	signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VSD	DELETE	1.1 TiT	TLE -		☐ Change ☐ Addit
NAME	FALATICK, CAROLYN R.		1 2 NA	ME		
STREET ADDRESS	4819 GLENEAGLES DR.		1.3 STI	REET	ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL			.4 CITY-ST-ZIP		<u></u>
TITLE	PTD	☐ DELETE	2.1 TIT	2.1 TITLE		☐ Change ☐ Addit
NAME	FALATICK, WILLIAM D		2 2 NAME			
STREET ADDRESS	4010 GEETENGEED DIT.		2.3 ST	REET.	ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		2. 4 CI	TY-ST	r-ZIP	
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addit
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP		<u>_</u>	3.4. CI		I-ZIP	
TITLE	<u>†</u>	☐ DELETE	4.1 TIT	LE	1	☐ Change ☐ Addit

6.4 CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information should with this filing does not qualify for the exemption stated in Section 119.07 3)(i), Florida Statutes, I further certify that the information indicated on this annual report of supplications are under coath; that I am an officer or director of the corporation of the corpo 14. I hereby certify that the inform

4.1 TITLE

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICES OR DIRECTOR

DELETE

DELETE

William D. Falatick 4/1999

☐ Change

☐ Change

Addition

☐ Addition

CR2E034 (11/98)